FROM THE ACTING DIRECTOR

Col Don Geeze

In my earlier AF days, there were two assignments that everyone joked about--Minot and the IG. While I've never been stationed at Minot, from what I've heard from people who have been, it's a great place. As for the IG, after 6 years here I feel qualified to say this too is a great assignment. There are few assignments in the AF Medical Service (AFMS) that can compare with being a medical inspector in terms of getting a global perspective and having immediate and long-term tangible impact on the AF mission.

The down side is that sometimes you have to tell the proud parents of a program that their baby is ugly. Although doing so tactfully makes it less traumatic, the unhappiness that the cold truth sometimes brings is inescapable. The other often cited negative is the travel. Most inspectors actually prefer inspecting to being "at home" at the Air Force Inspection Agency (AFIA). The time actually away from home is not that much, with the average for inspectors being about 75 days/year. When at home, the lack of beepers and the generally low-pressure atmosphere of AFIA translate into more time for family and self than almost any other AF Medical Service job. In addition, the culture of AFIA encourages fitness and self-improvement. Whether on the road or at home, AFIA inspectors are expected to take the time to exercise. In fact, last year six AFIA officers, including the commander, participated in the Air Force Marathon.

Inspectors are selected for assignment here based upon more than their knowledge and experience. At least as important is the ability to communicate clearly, a positive and compassionate attitude, and a strong commitment to improving the Air Force. The best inspectors are often those who didn't particularly want the assignment. They are also over-represented in the large group of inspectors that request extensions beyond their normal tour here.

A tour as a medical inspector is an education, a chance to see the world, an opportunity to see comrades with whom you may have lost contact. It also allows you to enjoy working closely with some of the finest officers and individuals you will ever encounter. For me, it has simply been the best assignment in my 30+-year career, and I know most inspectors feel the same.

Sustaining Performance: CY 03 Behavioral Health HSI Guide Revisions

Lt Col Mark Holden

The active duty HSI guide is a tool for inspectors that AFIA shares with the AF Medical Service as a courtesy. The AF Surgeon General is one of AFIA's primary customers, and the working relationship between AF/SG and AFIA/SG is a close one. However, it is important to not rely too heavily on the inspection guide to sustain performance. The guide is in constant need of revision. Interim message changes, AFI revisions and policy letters directing program changes are some of the reasons the inspection guide will never be completely current. And don't forget the HSI guide does not contain applicable JCAHO standards. The bottom line is that it's important for you to remain current in all areas and to recognize the limitations of the tools you select.

Having said this, the HSI guide can be very helpful as you develop a process to sustain performance. Focusing on the active duty guide, let's review the CY 03 changes from the macro to the micro. It would be helpful to have a hardcopy of pp. 1 – 7 of the current guide to refer to as you read this. You can get one by going to https://www-4afia.kirtland.af.mil.

The CY 03 guide contains a major reorganization (and simplification) that drove changes in the major divisions, scoring and inspection element locations. The largest major division is the category, of which there are four: Expeditionary Medical Operations (EX.1), In-Garrison Medical Operations (IG.2), Leadership (LD.3), and Special Missions (SM.4). Categories are logical groupings of functions.

The guide goes from category to area; an area being a discrete function organized under a particular category. For example, Area IG.2.3 is Life Skills, which contains 6 elements (IG.2.3.1 – IG.2.3.6). The element is the final subdivision and the key component of a specific process at which activities are scored. A common assumption might be that Area IG.2.3 contains the only elements that pertain to behavioral health. (I'm using the term behavioral health to encompass all programs and practices within life skills, family advocacy, ADAPT, drug demand reduction, EDIS, etc.) But a closer look at the HSI Guide shows that EX.1.3.5 CISM, IG.2.4.3 LSSC & Community Prevention, IG.2.4.6 DDRP, and IG.2.4.7 SNIAC are also behavioral health elements as are SM.4.2.1 – SM.4.2.6 EDIS.

The final 2 items revised for 2003 are weighting and scoring. Element scoring is as follows: 0 = programmatic failure; 1 = critical finding; 2 = major finding; 3 = minor finding; and 4 = full compliance. All computations are formulaic (and the computer does it for us). The element scores noted above are multiplied by element's assigned weight, which derives the element's computed score. Weights are predetermined values between 1 and 5 assigned to each element and correspond to mission criticality. Although we could go into more detail on scoring and weighting, I'd refer anyone interested in

additional information on these topics to the introduction to the active duty HSI guide or to give me a call at DSN 246-2605 or shoot me an email at mark.holden@kirtland.af.mil.

A final note: We've heard from some Life Skills Flights that they did not receive the slides from the recent (26 Feb 03) HSI conference. All conferees were given a spiral-bound package titled "HSI/JCAHO Customer Driven Workshop, 24 – 28 Feb 03." The last two briefings at tab F, pp. 16 – 24, are behavioral health slides.

In addition, attendees, typically the SGH & SGHQ from each MTF (although some did not make it this year), were given a CD "toolbox" to bring back to their facilities to share with all functional areas. There are some behavioral health items on the CD. If you don't have these materials but would like to, please start with your SGH. The slides are on our website (same link as above). If you cannot obtain the toolbox items, please let me know and I'll get them to you.

Support Agreements Saga:
Questions Answered

Maj Nanette Trevino

Why have support agreements?

- Directed by Air Force and DoD policies that support agreements be developed between suppliers and receivers within affected organizations to document recurring peacetime support
  - Provides commanders the capability to ensure resources are expended wisely
  - Helps eliminate unnecessary resource duplication

What are the types of support agreements?

- Support Agreements Covered by DD Form 1144, Support Agreement – administered by the Air Force and fall into the following primary categories:
  - Air Force to Air Force, known as Intraservice Agreements
  - Air Force to other Service or DoD component, known as Interservice Agreements
  - Air Force to other non-DoD activities, known as Intragovernmental Agreements
  - Air Force to other non-Federal activities
- Memorandums of Agreement/Understanding (MOA/MOUs):
  - Define areas of broad agreement between two or more parties
  - MOAs usually document exchange of services/resources
  - MOUs normally define broad areas of understanding

The whole basis for MOUs/MOAs is to ensure that all parties to an agreement understand what they are committing to doing/providing. To know whether an organization needs an MOU you need to look at what their plan says they will do in response to a particular situation. AFI-41-106 (MCRP), AFI 10-2501 (FSTR Plan 10-2), and the JCAHO guidance provide clear items that must be addressed in a unit's contingency response plan. Depending on a unit's size, resources, and response requirements they may be very self-sufficient or they may require a great deal of outside support. I would be very surprised to find any facility that is totally self-sufficient because of the requirement to have an alternate facility to evacuate to. The bottom line is if a unit states in their response plan that another organization will provide services or support during a contingency, the details of the agreement must either be listed in a current agreement, e.g., a contract to provide civilian EMS services to the base, or there needs to be a MOU/MOA spelling out the terms of the agreement.

The intent behind AFI 41-106, paragraph 4.1.3.3. stating that an organization should not repeat what is in their Managed Care Support Contracts, was to make people aware that the contact exists and to consider what support it does, and does not, provide. (Your E-

mail comments clearly identify how limited the contract is when it comes to contingency response.) Just because the contract refers to NDMS participation DOES NOT mean that the facility should depend on NDMS to meet their contingency response needs. As the name states, it is a National Disaster Response System. It requires Federal activation and is intended to provide an integrated federal, state and local response to major disasters, not assist with a problem at a single facility or a local incident. For example, NDMS is not activated because a facility has a fire and must relocate some or all of their operations.

What support agreements are not!!

- A suitable means to document support for war, Operations Other Than War (OOTW) or exercise requirements
- These types of requirements should be documented in the appropriate plan (e.g., base support plan, operations plan or base deployment plan)

Why seek support from other agencies?

- Additions to existing role or mission
- Unplanned loss of an existing source of support (e.g., natural disaster)
- Realization that similar/identical functions are being duplicated by nearby DoD or other Federal agency
- Improved economy or efficiency of operation
- Consolidation of functions
- Base Realignment and Closure

NOTES: (1) Closest Air Force installation to an Air Force geographically separated unit (GSU) should provide base support, regardless of parent MAJCOM. (2) MAJCOMs are to ensure Air Reserve Component (ARC) units receive the same level of support as other tenant units on their installations. This includes but is not limited to:

- Base level support services
- Annual tours
- Unit training assemblies
- Peacetime training in all areas
- Weekend operations

Things to consider when identifying requirements for support agreements:

- How will the receiver request support from the supplier?
- Who will receive the support?
- What type/level of support will be required?
- Are there non-standard conditions involved?
- What's the objective or mission supported?
- When will the support be provided?

- Have all support categories been considered?
- Where will the support be provided?
- Does the receiver have any contracts with contractors where the government has already agreed to provide base support?
- Clarification is key!!

Documented annual review necessary!! Attachment 7 to AFI 25-201, Support Agreements Procedures, provides a sample coordination sheet, which can be used/modified for this purpose.

HSI Guide References:

- AD: https://www-4afia.kirtland.af.mil/Medical-Operations/SG-HSIG/2003-AD-HSI-Guide/2003-AD-PDF/2003%20AD%20-%20LD.3%20Leadership.pdf
- ARC: https://www-4afia.kirtland.af.mil/Medical-Operations/SG-HSIG/2003-ARC-HSI-guide/2003-ARC-PDF/2003%20ARC%20-%20LDR.3%20Leadership.pdf

Other References:

- AFI 25-201, Support Agreements Procedures (and any applicable ANG/AFRC supplements)

Training Affiliation Agreements

Lt Col Rex Smith

Problems with Training Affiliation Agreements (TAA) continue to plague facilities this year. One observation noted is the lack of a quality-tracking program. Many of the programs that facilities are using do not adequately track their TAA program. If the required triennial review process is problematic, a good rule of thumb is to get started early. TAAs must be reviewed and not allowed to extend beyond their 3-year time frame.

Another common problem is not updating liability insurance annually. This takes you back to a quality-tracking program. Most liability insurance forms only last for 1 year at a time, just like your car insurance. According to the Medical Law Consultants (MLC), this should be reviewed and updated according to the expiration date on the form. The reason for the review is to ensure the training facility is complying with the original agreement and their liability has not changed. If the liability does change, the agreement must be forwarded through your MLC and HQ/USAF/SGWM again for approval.

TAAs are outlined in the AFI 41-108, *Training Affiliation Agreement Program*. Strict adherence to the guidance is essential. It appears that a new regulation will be coming out this summer, and that it will contain a better understanding of the recommended format, content, language and approval authority for TAAs. Until then, please contact your MLC or HQ/USAF/SGWM for further clarification if you have concerns on the approval process.

TRAINING AFFILIATION AGREEMENTS

Col Matt Adkins

AFI 41-108, Training Affiliation Agreements, outlines the requirements for medical units to follow in developing training affiliation agreements (TAA) with either civilian or federal medical institutions.

TAAs shall:

- Be in the best interest of the Air Force
- Be written as "Memorandum of Understanding" (MOU).
- Be with a civilian program accredited by a national accrediting agency recognized by the US Commissioner of Education or HQ USAF/SG, or with another federal medical facility.
- Contain effective time periods and termination provisions.
- Not require expenditure of Air Force funds other than incidental expenses related to an agreement.

A TAA may involve:

- Air Force members enrolled in an Air Force training program in an AF MTF and participating in a civilian or military externship for a specified period of time.
- AF Medical Service members acting as volunteers or faculty in a civilian institution.
- Air Force and civilian trainees in exchange programs involving a single MOU.

Liability requirements: The MTF must establish responsibility between the parties for potential liability for any negligent act or omission by the trainee or faculty member. See AFI 41-108 paragraphs 4.1.1, 4.1.2, and 4.1.3 for specifics.

Process:

- Prepare proposed TAA using attachments 2, 3, and 4 to AFI 41-108
- MTF commander, or designee, signs TAA
- Forward to your area Medical Law Consultant (MLC) for review
- After MLC review, forward to HQ USAF/SGHP for approval
- MTF reviews the agreement for appropriateness and currency no less than once every 3 years

Medical inspectors will review TAAs to ensure they are in the best interest of the Air Force, have been properly approved, and have been reviewed for appropriateness and currency.

AFRC units: Refer to AFRC 41-101, 9 Jan 98